

CENTRAL FINANCE OFFICE (CFO) AGREEMENT CHECKLIST

PLEASE WRITE LEGIBLY, IN BLACK OR BLUE INK, AND DO NOT USE HIGHLIGHTER.

Indicate with a v on the line provided if item is included in the packet.

Payee Checklist: Applicable to individual providers and agencies

People who work for an agency do not receive these items not submit them. The agency you work for will complete these forms. If you are an independent provider, you will need to submit these items.

- _____ Completed and signed CFO Service Provider/Payee Agreement (1 for each payee)
- _____ W-9 Request for Taxpayer Identification Number and Certification (1 for each payee)
- _____ Proof of professional liability (copy of insurance certificate) for payee AND/OR for each employee if professional liability is not covered by the payee. Not applicable for DHSS or DMH current employees who enroll as First Steps service coordinators or for ABA implementers.
- _____ Orientation Completed
- _____ Email Address provided

Individual Providers: People who work for an agency and those who work as private providers submit these items

- _____ Completed and signed Rider A (Service Provider) and/or Rider B (Service Coordinator) for each provider
- _____ Applicable License, Transcript, High School Diploma or equivalent, to assure minimum entry level standard according to the credential requirement, for each provider
- _____ Family Care Safety Registry – Worker Registration form for each provider (must have been completed within last 12 months)
- _____ Certification re: Lobbying, Debarment, Suspension and other responsibility and Drug-Free Workplace
- _____ Medicaid Forms (if providing a Medicaid covered service)
 - _____ Provider Questionnaire
 - _____ Medicaid Provider Enrollment Application
 - _____ Self-Evaluation for Civil Rights Compliance (MOA-10)
 - _____ Application for Provider Direct Deposit
 - _____ Medicaid/Medicare Provider Information (only required for PT, OT, Speech and Service Coordination)

***Important – Physical, occupational, speech therapists, and service coordinators only have to submit the Self-Evaluation for Civil Rights Compliance and the Medicaid/Medicare Provider Information.**

PLEASE SUBMIT ALL APPLICABLE ITEMS LISTED ABOVE ALONG WITH A COPY OF THIS COMPLETED CHECKLIST TO:

**CFO Provider Enrollment
PDA Software Services
Attn: Missouri Provider Enrollment
PO Box 29134
Shawnee Mission, KS 66201-9134**

For questions please contact the CFO at 1-866-711-2573